MINUTES OF THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE

Meeting of November 13, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

THE CARE DELIVERY AND PAYMENT SYSTEM REFORM COMMITTEE OF THE MASSACHUSETTS HEALTH POLICY COMMISSION
Center for Health Information and Analysis
Two Boylston Street
Boston, MA 02116

Docket: Wednesday, November 13, 2013, 11:00 AM – 12:30 PM

PROCEEDINGS

The Massachusetts Health Policy Commission's (HPC) Care Delivery and Payment System Reform (CDPSR) Committee held a meeting on Wednesday, November 13, 2013 at the Center for Health Information and Analysis, Two Boylston Street, Boston, MA.

Members present were Dr. Carole Allen (Chair), Ms. Marylou Sudders, and Dr. Ann Hwang, representing Mr. John Polanowicz, Secretary of Health and Human Services.

Commission Chair Stuart Altman participated via phone.

Commissioners Jean Yang and Dr. David Cutler were not present.

Chair Carole Allen called the meeting to order at 11:04 AM.

ITEM 1: Approval of Minutes

Chair Allen asked if any Committee members had changes for the minutes. Seeing none, she asked for a motion to accept the minutes. Ms. Sudders made the motion and Dr. Hwang seconded. Members voted unanimously to approve the minutes.

ITEM 2: Presentation by Dr. Richard Antonelli, MD, MS, Boston Children's Hospital Boston Integrated Care Organization

Dr. Richard Antonelli from Boston Children's Hospital presented on designing high value delivery systems. Dr. Antonelli's presentation can be found on the HPC's website. Following his presentation, Committee members engaged in a question and answer session with Dr. Antonelli.

ITEM 3: Update on HPC Accountable Care Certification Model

Chair Allen introduced Dr. Patricia Boyce, HPC's Policy Director for Care Delivery and Quality Improvement, to discuss the staff's work on the HPC's certification models.

Dr. Boyce reviewed Accountable Care Certification, noting that it is a combination of the certification for patient-centered medical homes (PCMH) and accountable care organizations

(ACO). The resulting certification model would provide a unified framework for promoting, validating, and monitoring the adoption and impact of accountable care in Massachusetts.

Dr. Boyce then differentiated between the certification programs for PCMH and ACO. She noted that both would focus on patient-centered accountable care with a focus on reducing cost and increasing quality. Dr. Boyce next highlighted key principles of accountable care, defining it as value-based, data-driven care that rewards quality over quantity. She then reviewed the high value elements of patient-centered accountable care which, among others, included care coordination, enhanced access, and behavioral health integration.

Having provided a foundation of accountable care as defined by the HPC, Dr. Boyce provided Committee members with an overview of stakeholder engagement to date and next steps in the creation of the certification model. She noted that the resounding response from stakeholders was positive and that they were open to continued engagement.

Dr. Boyce next reviewed the timeline for the HPC certification programs. She outlined the creation of PCMH standards and criteria by the end of the calendar year along with continued stakeholder engagement. By May 2014 she envisioned a launch of the PCMH certification pilot program. By the end of 2014, Dr. Boyce projected the design of the ACO program and evaluation of phase I of the PCMH pilot program.

Dr. Boyce asked for questions from Committee members. Seeing none, the Committee moved onto the next agenda item.

ITEM 4: Update on the Registration of Provider Organization (RPO) Program

Mr. Iyah Romm, HPC's Director of System Performance and Strategic Investment, presented on the Registration of Provider Organization (RPO) Program. He outlined the three key aims of the program: enhanced transparency, a clearer map of the provider delivery system, and the creation of a centralized resource about the provider market. He then reviewed the HPC's statutory requirements concerning RPO and the definition of a provider organization.

Mr. Romm next reviewed which organizations must register as an RPO. He noted that there are two types of organizations that must register: (1) any Risk-Bearing Provider Organization (RPBO), as defined by the Division of Insurance, and (2) provider or provider organization with a patient panel size greater than 15,000 that represents providers who collectively receive $25 million or more in annual net patient service revenue from carriers or third-party administrators.

Mr. Romm then presented briefly on the data used for RPO and the varying models of provider organizations. He then commented on the statutory reporting requirements for organizations in the RPO program.

Finally, Mr. Romm gave a brief overview of the work completed to date. He then reviewed the timeline for future work on RPO.

Dr. Allen asked whether the Committee would be able to view the proposed RPO regulations before the December 18 Commission meeting. Mr. Romm responded that the Committee would review the proposed regulations at the December 16 CDPSR meeting.

Dr. Hwang noted that HPC staff must work to avoid duplicating programs that are already occurring in the state and must work to obtain high-valued information.

An audience member asked whether the HPC was coordinating with the Office of the Attorney General. She expressed the need for those agencies in the Commonwealth to collaborate because organizations receive so many requests for data.

Kathy Keough, a representative from Atrius Health, asked whether the staff had considered clinical affiliations. Mr. Romm responded that he was not yet able to speak to that, but that it was part of an ongoing conversation. Ms. Keough noted that it would be helpful to have guidance regarding clinical affiliations. Ms. Lois Johnson, HPC's General Counsel, responded that the staff invited feedback on clinical affiliations because it is broadly defined in the statute.

Dr. Allen noted that the staff was working to create the proposed regulations and would solicit feedback from the public. She commented that the HPC would be learning from and refining the regulations and RPO to make it meaningful.

ITEM 5: Adjournment

Seeing no further comments, Chair Allen adjourned the meeting at 12:28 PM.